MARGIN RESERVED FOR BIL	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PER	mation should be carefully supplied. AGE should be stated EN	CAUSE OF DEATH in plain terms, so that it may be properly c	TION is very important. See instructions on back of certificate.
) FO	SIS	e stai	отф а	f cert
CVEI	-THI	ald bu	lay b	ack of
SEE	INK	E sho	it it m	on b
N R	DING	AG	se tha	ctions
ARGI	INFAI	pplied.	erms,	instru
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	AINL	d be c	DEAT	impo
	E PL	shoul	OF	s very
	WRIT	ation	AUSE	ION i
V. S. No. 1	B.—	m	T	5
>	z		-	CO.

	OF MARYLAND—	CERTIFICATE OF DEATH	1,59
1. PLACE OF DEATH	40m > 20)	1 of ETE	1104
County Jacobs	7	Registration Dist. No. J. D.	1
Village or City // LSOV	01100	No. St., I death occurred in a hospital or institution, give its NAME instead of street ar	Wa
Length of residence in city or hwn wh			
2. FULL NAME ( hett	a Elizobeth Clrs	nold	
(a) Residence: No.		St., Ward.	
(a) Residence. No.	(Usual place of abode)	If nonresident give city or town a	nd State
PERSONAL AND STATE	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
LE Male IF- auce	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov - (S) (Month) (Day)	, 193. 3 (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Married Se	tas arnold	22. Nov 7 1938 to	ed deceased fr
DATE OF BIRTH (month, day, and year)	m = 1971	I last saw held alive on Thore 7 19	3; death is s
AGE Years Months	Deys If LESS than	to have occurred on the data stated above, et 2 4 m.	, 000111 13 3
62 5	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of one
8. Trede, profession, or particular kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc	House Hife	General Parrlysix	More
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc		agitaris	11 1
SAW MILL, BANK, etc.			7-1
10. Data deceased last worked at this occupation (month end year)	II. Total time (years) spent in this occupation		
) year)	Occupation	Other Contributory Causes of importance:	-
2. BIRTHPLACE (city or town) (State or country)  [State or country]	Co WVa	May Suf 10 his	
13. NAME JOYGO 14. BIRTHPLACE City or town)	muest		
14. BIRTHPLACE (city or town)	you a mon	Nama of operation Data of	
(State of country)	by	What test confirmed diagnosis? Was there a	n autopsy77
15. MAIDEN NAME MONMA	17 Mules	23. If death was due to external causes (VIOL ENCE) fill in also the follow	ing:
15. MAIDEN NAME MONTH	NA	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	00	Where did Injury occur? (Specify city or town, county and S	itate)
7. INFORMANT Speed Us (Address) Lorman	ta W.Va.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place	ust pata // -10 ,1933	Manner of injury	
9. UNDERTAKER (Address)	glow It. Ja.	24. Was disease or injury In any way releted to occupation of deceased?	w
20. FILED NOV 9, 1933.	irginia M. Harve	(Signed) Bothersun SX	Va)
If t	nore blanks are needed, address State Revistrar	VALL N. Charles Street Baltimore Requesting (7) S No -	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	46
County Manell	Registration Dist. No. / 6 2
Village or City Suantsville	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME & Suces b. Bla	ches
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Celtha Blacket	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Refet 16 18 79 7. AGE Years Months Days If LESS than	l last saw h
54 2 2 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carcinoma 1
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	/
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Other Contractory Cases of Importance.
13. NAME Jonas J. Beachy	
14, BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy? MJ_
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, sulcide, or homicide?, 19, 19, 19
17. INFORMANT ( Sevantly Blacky (Address) Alacky	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place ALL Sterming Date Dav 21, 1933	Manner of injury
19. UNDERTAKER In Way Serberg (Address) Frank wille	24. Was disease or injury in any way related to occupation of deceased? // // If so, specify // // // // // // // // // // // // //
20. FILED Nov-19, 19.3.3 67 TO Oill Registrar.	(Signed) M. D. (Address) A sautsville

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1	an lazar	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S	12			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

of OCCUPA.

V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	820
County Samell	Registration Dist. No. /62
Village or City of sandsville	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidanca in city or town whera death occurredyrsmos	ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Jacot a Blace	hy
(a) Residence: No. Prantswille (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Something (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Many Beaches	22. HEREBY CERTIFY, Thet I ettended dacaesed from 1933, to May 18 1933
6. DATE OF BIRTH (month, day, and year) april 21/862	liast saw ham alive on Man 17, 1933; deeth is seid
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at the PRINCIPAL CAUSE OF DEATH and related causes of importence ware as follows:
8. Treda, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	Cerebral Baemanleage Date of onest
No. Tread, profession, or particular to the work done, as SPINNER, SAWYER, BOOKKEEPER, atc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceesad last worked at this occupation (months and was separation the second in this comments and was separation to the second in this comments and was separation to the second in this secon	
10. Date deceesad last worked at this occupation (month and year)	Other Contributory Causes of Importanca:
13. NAME Caron Beachy	
13. NAME Caron Beachy 14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of country)	Whet tast confirmed diagnosis?
15. MAIDEN NAME Gatherine Follo  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Salares Blacky	23. If daath was due to axtarnal causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
(Address) of mutwille	
18. BURIAL, CREMATION, OR REMOVAL  Pleca S. J. Marshaulle Data Mars 20., 19 33	Manner of injury
19. UNDERTAKER And Mutesberg (Address) Santsville	24. Was disease or injury in any way ralated to occupation of dacaased?
20. FILED Nov 19, 19.3.3 67 H Oill Registrar.	(Signad) for David M. D.  (Address) for Asistaville

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	PECRIVE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEC. 4 1983	July 5,1927	Peritonitis	3 days ago	
Other contributory can	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

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1. PLACE OF DEATH		92-00	
County Jarrett	*****	Registration Dist. No. 1	<i>)</i> 
Village or City Stanes	4 9	No and St.,  If death occurred in a hopfilal or institution, give No NAME instead of street and num	nber)
Length of residence in city or town where death of	ocurred 2 2 yrs mos	sds. How long In U.S. if of foreign birth?yrsmos.	ds.
2. FULL NAME William	69/115		
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and St.	ale
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	
Male White o	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word) NATE CA	21. DATE OF DEATH November 11 (Month) (Day)	93.3. (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	eDeahl Callis	22. / I HEREBY CERTIFY, That I attended de	ceased from
(3)		- July 10, 1933, to November 11	
6. DATE OF BIRTH (month, day, and year) Uug.		I last saw hum alive on November 1, 1933;	jeath is sai
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et	
16   2	ormin.	were es follows:	Data of onse
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	acksmith , Trarmer	Mitral Stenosis	1923
		Henry Pailare with Edena	5/15/2-
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc		Cerepral Hemorrhages 19/29	+ 11/11/3
10. Date decaased last worked at this occupation (month and Abril 1906)	11. Total time (yeers) spent In this occupation 33		
		Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) 1977. Cara. (Stata or country)	ge Maryland		
13. NAME Edward Callis			
TA RIPTUPI ACE (city or town)	¬	Name of operation. Hom- Date of	
(State of country)	ngland	What test confirmed diagnosis? Clarea Was there an auto	opsy? HA
15. MAIDEN NAME Hannah Bu	110 mgh	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME TARMAR JA		Accident, suicide, or homicide? Date of Injury	, 19
Of D O 11:	and	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT (Mas. 13. Callis (Address) 309 Oldtown ?	Rd Comberdant Me	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLAC	č.
18. BURIAL, OREMATION, OR REMOVAL Place Toyles Cerneley Da	V/68: 13 19 33	Manner of injury	
19. UNDERTAKER W. W. Savage	,	24. Was disease or injury In any way related to occupation of deceased?	60
(Address) Tiniends with	le med.	If so, specify ————————————————————————————————————	
		(Signed) / WOLH ( Miller)	MI

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	ļį.	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-PHYSICIANS stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important.

V. S. No. 1

should state

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11186
County Parrett	Registration Dist. No. 16/
Village or City Oalland	No. St., Ward
	I death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?mosds.
(a) Residence: No. Runa Noute 1.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	Il nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (wingthe word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of  Caster	22. I HEREBY CERTIFY, That I attended deceased from 1933, to 1932
6. DATE OF BIRTH (month, day, end year) June 9- 1848	I last saw h alive on
7. AGE Years Months Days If LESS then I day,hrs. ormin.	to have occurred on the date stated above, at
8. Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)  11. Total time (yeers) spent in this occupation.	Antenos cleratio Capalina Vas ?
12. BIRTHPLACE (city or town) New Jane (State or country)	Other Contributory Causes of importance:
13. NAME Double 14. BIRTHPLACE (city or town)	Neme of operation Date of
	What test confirmed diagnosis?
15. MAIDEN NAME Name Deur (†  16. BIRTHPLACE (city or town)   Manylend (State or country)	23. Il death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Sac Castal was	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date Not. 20, 1923	Manner of injury
19. UNDERTAKER A Davage Med (Address) Onends wife med	24. Was disease or injury in any way related to occupation of deceased?
20. FILED NOV. 20, 1938 Jeannette Statle.	(Signed) 6. January Amy M. D.  (Address) Salland Tho

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related car of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 2 1 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 days ago
		Englishment of the section of	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	4	

PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE	OF	MARYI	AND-	-CERTIFI	CA	TF	OF	DEA	TH
SIAIL	UF	MARIL	AIVU-	CERIII	CA		OF	ULI	<b>1</b>

1. PLACE	OF DEAT				10)	11187
County.					Registration Dist. No. /	24
Village	or City	Hoyes,	Md.,		No. St.,	Ward
Length o	f residence in cil	v or town where	leath occurred		f death occurred in a hospital or institution, give its NAME instead of street andds. How long in U.S. if of foreign birth?yrs	
2. FULL				ddington		
(a) Res	idence: No	ноу	Usual place	of abode)	St., Ward.  If nonresident give city or lown and	d State
			CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
s. sex Female		r DR RACE	5. SINGLE, MARI OR DIVORCED Sing	RIED, WIDOWED, O (write tha word)	21. DATE OF DEATH November 17, (Month) (Day)	, 193 33 (Yaar)
5a. If married, v HUSBAND					(month) (bay)	(1991)
(or) WIFE	of				22. I HEREBY CERTIFY, That I attended	
					Nov. 17, 1933, to Nov. 17,	
		, and year) Ju		1927	I last saw h.e.r. alive on NOV 17, 19.33 to have occurred on the date stated above, at 3:15Pm.	?_; death is said
7. AGE	Yaars 6	Months 3	Days 21	If LESS than  1 day,hrs.	to have occurred on the data stated above, at	
		1	N-	ormin.	wara as fotlows:	Date of onset
8. Trade, p	profession, or pa of work dona,	rticular as SPINNER, PER, atc			Diptheria	11-14-33
9 Industry	YER, BODKKEE or businass in		tudent		-	
Wor SAV	k was done, as S	ILK MILL, Gra	ammar Sc	hool		
			11. Total ti	me (years)		
year	occupation (more)	1933	occu	tin this 2 MO.		
12, BIRTHPLAC	E (city or town).				Dthar Contributory Causes of importance: Chickenpox	11-6-33
	country)	Maryla	and		**************************************	
13. NAME	Earl	Coddin	gton		***	
13. NAME	LACE (city or to	wn)		e la mila	Name of operation Data of	
(218	te or country)	Maryl	and		What tast confirmed diagnosis? Was there an	autopsy?
15. MAIDEN	NAME V	esta Id	ela Beeg	ghly	23. If death was due to axternal causes (VIOLENCE) fit! In also the following	g:
16. BIRTHP	LACE (city or to	wn)			Accident, suicida, or homicida? Data of injury	, 19
∑ (Sta	te or country)	Maryl	and		Where did injury occur?	
17. INFORMANT	Earl	leader	uston		(Specify city or town, county and Standard Stand	ite) LACE.
(Addres	s) Non	ve 2	nd			
18. BURTAL, CRI	MATION, OR R	MOVAL	71_	118 .33	Manner of Injury	
Placa	Herei	where.	DateDOU	190	Natura of injury	
19. UNDERTAKE	R 11.0	n. Dtc	way	a)	24. Was diseasa or injury in any way related to occupation of deceased?	
(Address	2.00	neu	elped	elle ne	ti so, spacify of f	
20 FILED Non	1.18	933 4.	1. Rich	ter	(Signed) M. O. Madrow	M. D.
LV, IILLU-JEPA			63.	) ( Registrar.	(Addrass) Friendsville, Md.,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

HYSI- Exact
XACTLY, P classified. sate.
N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
SE should I
upplied. Acterms so the
carefully su H In plain portant. Se
should be a corp be a corp be a corp beat is very im
ormation gate CAUSI
should stent of OCC
CLANS Statem
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PLACE OF DEATH	STATE OF MARYLAND
County Govrett.	CERTIFICATE OF DEATH
0_	Registration Dist. No. 69
Village or City Deer Park (No.	St.: Ward) (if death occurred in
0 0 5	a hospital or institu- tion, give its NAME in- stead of street and
2FULL NAME JOSEPH, - True	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married MDewed. OR DIVORCED (Write the word)	16 DATE OF DEATH  102 3  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
11 24 , 1844	Nov 19 1933 to Nov 24 , 19233.
(Month) (Day) (Year)	that Linersaw hat alive on 705 24 192.3,
7 AGE [If LESS than	and that death occurred on the date stated above, nt
day_hrs.	
mos, de. or min.?	Snituenza.
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE	Contributory Local Uneumonia
(State or country Sarrell, Co. md.	(Ducation) yrs, mos. 2. ds.
10 NAME OF	(Signed) Lawrent 200 Clary Map.
FATHER GEORGE Trauly.	11-2 5 1933 (Address) Dec 1019 Mg.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Palacen Friend	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State of Country) Manufacial	At place of deathyrsmosds. State,yrsmosds.
(State of Council)	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TROUB TO THE SECTION AND THE S	Former or
(Informant) Cuthur Drank	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Dew Bark, md.	Deer Park Cemetery /1-26, 193 3
15 Filed 12-64 1933 Wie M Ashley	20 UNDERTAKER Davage Trundsville
If more blanks are needed, addre.s Ltate Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a yrs). (b) Cotton mill; (a) Salesman, without more precise specification as For persons who have no occupation (b) Automobile factory. The material single word or term on Locomotive engineer, 6 Grocery,

Statement of Cause of Death—Name, first, the DIS-EARE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED mation should be carefully supplied. -WRITE PLAINLY, WITH

V. S. No. 1 m H ż of OCCUPA.

STATE OF MA	RYLAND-	CERTIFICATE OF DEATH	1193
1. PLACE OF DEATH		(46)	
County	, P	Registration Dist. No.	
Village or City Oor Parp ne	(11)	No. St., f death occurred in a hospital or institution, give its NAME instead of street and i	War
Length of residence in city or town where death occurred		sds. How long in U.S. if of foreign birth?yrsm	
2. FULL NAME ORINT F	riend		
(a) Residence: No.		St., Ward.	
PERSONAL AND STATISTICAL PAR	ace of abode)	If nonresident give city or town and  MEDICAL CERTIFICATE OF DEATH	State
	ARRIED, WIDOWED.	21. DATE OF DEATH	
	RCED (write the word)	(Month) (Day)	, 193.3 (Year)
HUSBAND of Saw Triend		22. 1 HEREBY CERTIFY, That I attended	deceased from
DATE OF SIRTH (month, day, and year) Out 9	1859	I lest saw h den alive on 77 7 1933	: death is sai
AGE Years Months Days	If LESS than	to have occurred on the date stated above, at / O. O. D. m.	, 40000 10 300
74 1 12	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:	Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	<del></del>	Carenneskan	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at 11. Tot	•	0	
this occupation (month and	tal time (yeers) spent in this occupetion	7 Moses	
2. BIRTHPLACE (city or town) 9 C.		Other Contributory Causes of importance:	
(State or country)	L		
13. NAME Stage Friend  14. BIRTHPLACE (city or town)			
14. BIRTHPLACE (city or town)		Name of operation Date of	
(State or country)		What test confirmed diegnosis? Was there an a	utopsv?
15. MAIDEN NAME & Legalon Ma	meley	23. If death, was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town) 9	Comes	Accident, suicide, or homicide? Date of Injury	19
(State or country)		Where did injury occur?	
7. INFORMANT Meanin WE	W 8 5	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
8. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place 131 any Carriery Date . 7	1722,1933	Nature of injury	
9. UNDERTAKER Bieden Keedenle	many Co	24. Was disease or injury in any way related to occupation of deceased?	
(Address)	lowan	(Signed)	M.
1 toca	Registrar.	(Address) Care and made 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		TOWNS STATE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	16.0
County Sauce	Registration Dist. No. 169
Village or City Well Bark	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	
2. FULL NAME George Holliam T	leodore Silson
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (prite the word)	21. DATE OF DEATH  (Month) (Dey) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE ot	22. I HEREBY CERTIFY, That I ettended decessed from
2 1 11 124	11-12-1933 to 11-37-1933
6. DATE OF BIRTH (month, day, and year) They 15 1906	I last sew harmalive on 1985; deeth is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et. 7. m.  The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance part as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, Farmer SAWYER, BOOKKEEPER, etc.	Allary ME 20
of Irade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work west done, es SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month and this propagation (month and search in this propagation).	
O Date decessed last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Janeth Co	other Contributory Causes of Importance:
(State or couptry)	Ami rough replace
13. NAME 3 4 BIRTHPLACE (city or town) Crayofal Co	1000 min
14. BIRTHPLACE (city or town) Crassoftal Co	Name of operation
(State of country)	What test confirmed diegnosis? Wes there en autopsy?
15. MAIDEN NAME CHIQUELLA STOOM	3. If death was due to external ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Sayable co	Accident, suicide, or homicide?
(State of County)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT POLICE Park MA	Specify whether injuly occurred in INDUSTRI, in NOME, of INFODERC FLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Gagle Rock and Date Dec. 2, 1933	Manner of injury
19. UNDERTAKER DAG F Sharples	24. Wes disease or injury in any way releted to occupation of deceased?
20. FILED 12-15-1933 allie M askley	1f so, specify (Signed) M. D.
Registrat.	(Address) Hall Syn/F m

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		- LANGE OF THE	

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH @	(A)
County	Registration Dist. No.
Village or City 222 Party, Tell RN	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME mm Many Verganen	Yazaa.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced (or) WIFE of Love R. Grange	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 200 1858	I last saw h alive on Ook 31 1933 : death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3.18.4.m.  The PRINCIPAL CAUSE OF DEATH and retated causes of importance were as follows:
9 Trade profession or particular	Care of Harm Tage 2 days
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this	Cament Hermhoga 64m
12. BfRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME Ollub Porit	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Many IVerse	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19,  Where did Injury occur?
17. INFORMANT Treng Transgram Para mel Ri	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Not. 3, 1933	Manner of injury
19. UNDERTAKER Smoon Galden (Address) akland	24. Was disease or injury In any way related to occupation of deceased?
20. FILED JU. 2, 193 JULIO S CLICKLY Registrar	(Signed) M. D. (Address) M. D.

If more blanks are needed, address State Registral, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis / 🌣	3 days ago
		100001	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE O	E DEATH		890	8%	
County	Dangell	· · · · · · · · · · · · · · · · · · ·		Registration Dist. No. 1	12
Village or (	City skalln	iai	No.  f death occurred in a hospital or institu	St.	.,Ward
Length of res	sidence In city Ooya where		sds. How long in U.S. if o		and number)
2. FULL NA	ME Sheri	& Seul House	din		
(a) Resider	nce No selic	20 lmas	St., Ward,		
		(Usual place of abode)		If nonresident give city or town	
		TICAL PARTICULARS		ERTIFICATE OF DEAT	Н
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	r. 16	1033
5a. II married, widow	wed or divorced	angle		(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	wed, or divolced			CERTIFY, That I ette	nded deceesed from
		1000	nor. 16		6 , 19 3.
	(month, day, and year)	une 22 - 1953	I last saw here alive on	~ -	33 ; death is sei
7. AGE Ye	ers Months	Days If LESS than I dey,	to have occurred on the date state		
	17	Z	were as follows:	'H and releted causes of importance	Date ol onse
8. Trade, profe	ession, or particular work done, es SPINNER, R, BOOKKEEPER, etc.	0.001	Que / /	<i>f</i>	Ro-1
SAWYER SAWYER	business in which		market C	secur-9	12-1
kind of SAWYER 9. Industry or work wa SAW MI	LL, BANK, etc		Mourism	us	Buch
Dete decees	sed last worked at upation (month and	11. Total time (years) spent in this	acule Oto	tis media	New 13.
year)	00	occupation	Other Contributory Causes of impo	ortance:	
12. BIRTHPLACE (ci		umar sha			
(State or cou	intry)	41.			
13. NAME	+ army	la raceur		·	
14. BIRTHPLACI	E (city or town)	Musan 44		Date	
1	20 /	Genes		Was there	
	Grand.	1 MrCh	A second	ses (VIDLENCE) fill in also the foll	
16. BIRTHPLACI	E (city or town) J	al co	Where did injury occur?	Date of injury	, 19
	hach the	Haulin.		(Specify city or town, county and INDUSTRY, in HOME, or in PUBLI	d State)
17. INFORMANT	ALAM	mar ma	openy and mighty occurred to		O PENCE,
18. BURIAL, CREMAT	TION OR REMOVAL	0 000	Manner of injury		
Place Le	they the	Dete 200 /8, 1933	- Nature of injury		
19. UNDERTAKER	8tha F	harpless	The same of the sa	ay related to occupetion of deceased	17
(Address)	Blame	of va	If so, specify	1.1.1	
20. FILED MAN	117 1933 /	14 Barriel	(Signed) U.A	y Tidlen	M.
1000		Registrar.	(Address)	600 111	/

CTATE OF MADY AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car Chronie interstitial nephritis 1921 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

certificate.

See instructions on back of

TION is very important.

B.-WRITE PLAINLY,

V. S. No. 1

of OCCUPA-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1	1	L <sub>d</sub>		?
	I.E.	1	W	P	)

1. PLACE OF DEATH		92-0	
County Samell		Registration	Dist. No. 164
Village or City acciden	L a	No. death occurred in a hospital or institution, give its NAN	St., Ward
Length of residence in city or town where death occu		ds. How long in U.S. if of foreign birth?	
2. FULL NAME Beyons	Ramh		
(a) Residence: No.	sual place of abode)	St., Ward.	nt give city or town and State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICAT	
	LE, MARRIED, WIDOWED,	21. DATE OF DEATH 1/	
Male It	NOTORCED (write the word)	(Month)	(bay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or)  (or)  (or)	and	22. HEREBY CERTIF	Y, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Chil	14 1858	I last saw h alive on	9 19 33; death is said
7. AGE Years Months	Days If LESS than I day,hrs.	to have occurred on the date stated above, at 5.7.	
/5 / / .	9   ormin.	The PRINCIPAL CAUSE OF DEATH and related cau	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	muer	Defrance Valva	lar
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month end)	and extra the		***************************************
Do Date deceased last worked et this occupation (month end 1923	I. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)		Other Contributory Causes of importance.	ús
(State or country)	ms.		
13. NAME REWRY NA  14. BIRTHPLACE (city or town)	/	Name of operation	
(State or country)	mary	What test confirmed diagnosis?	
15. MAIDEN NAME Unbra	will	23. If death was due to external ceuses (VIOLENCE)	
15. MAIDEN NAME ALBORA  16. BIRTHPLACE (city or town)  (State or country)		Accident, suicide, or homicide?	the second secon
(State of County)	1	Where did injury occur? (Specify city o	r town, county and State)
(Address) (Carolina)	and.	Specify whether Injury occurred In INDUSTRY, in H	OME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Calculat Date	Var 20, 1933	Manner of injury	
19. UNDERTAKER Am Ain (Address)	terferg	24. Was diseese or injury in any way related to occu	
20. FILED NOV. 19 193 \$ a. 9. 1	ichter	If so, specify (Signed)	Davis M.D.
6.	. 15 Registrar.	(Address) Alam	sville lud.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:	1 year

2.1	N.	MARGIN RESERVED FOR BINDING	N RJ	ESE	RVE	) F(	OR B	INDI	NG						
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	LIL	UNFAD	DING	INK	-THI	SI S	A PE	RMAN	ENT	RECO	RD. E	very	item o	f inf	for
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	lly su	upplied.	AG	E she	q plnc	e sta	ted E	CXAC	TLY	. PH	YSICI	SNY	shoul	d st	tate
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	plain	terms, s	so tha	t it 1	may b	e pro	perly	classif	ied.	Exact	stater	nent	of OC	CUF	PA
TION is very important. See instructions on back of certificate.	Se	e instruc	ctions	on k	o yack	f cert	ificate					/			

V. S. No. 1

1. PLAC	E OF DEATH	OF MAI	TLAND	CERTIFICATE OF DEATH	1113
Count	y Garrett			Registration Dist. No.	61
Village	e or City Friends	ville. Mo	I	•	
			/1	No. St.,  f death occurred in a hospital or institution, give its NAME instead of street and s	number)
		Ellen Li		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100
(a) Ro	esidence: No.		ce of abode)	St., Ward.  If nonresident give city or town an	d State
PER	SONAL AND STAT	ISTICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RAC		ARRIED, WIDOWED. CED (write the word)	21. DATE OF DEATH November 3,	193 3
	widowed, or divorcad	200		(Month) (Day)	(Year)
HUSBAN (or) WIF	E of John Lish			22. I HEREBY CERTIFY, That I attended	deceased from
				April 30, 19 32 to November	
6. DATE OF B	IRTH (month, day, and year) Years Monti		1864	l last saw h er allve on October 26, 19 33	; death is said
7. AGE			If LESS than I day,hrs,	to have occurred on the dete stated above, at 8:45 P.M.	
107	69   8	7	ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	Date of onset
8. Trede,	, profession, or particular nd of work done, as SPINNEI WYER, BOOKKEEPER, etc	R. General	house Wor	Chronic Myocarditis and	-
SA 9 Indust	WYER, BOOKKEEPER, etc	(101102 02	110 400 1102	Myocardial Degeneration	5-5-2
SA WO	ry or business in which ork was dona, as SILK MILL, NW MILL, BANK, atc	Own home	9		-
III Data	despend lest worked at	11. Tota	l tima (veare)		-
ye	is occupation (month and arr) - Dec 1929	S <sub>1</sub>	pent In this 51		-
12 BIDTUDI A	CE (city or town)			Other Contributory Causes of Importance:	1
		land		Carcinoma of stomach and	0 77 0
₩ 13. NAME	Joab Friend			Peritoneum, Arteriosclerosis	2-7-2
E .	PLACE (city or town)				1-7-2
L (S		ryland		Name of operation Date of What test confirmed diegnosis? Was there an	M.a
15. MAIDE				23. If death was due to external causes (VIOLENCE) fill in also tha following	
15. MAIDE 16. BIRTH	PLACE (city or town)			Accident, suicide, or homicide? Date of injury	
		vland	***************************************	Whera did injury occur?	, 19
	- 12 . 4	ola!		(Specify city or town, county and Sta	te)
(Addre	ss) Thiere do	10111 2	21	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	AGE,
	REMATION, OR REMOVAL	4		Manner of injury	
Place/.	Chooner-	reode !	JU U, 1933	Nature of Injury	
	MINE	1-	-	24. Was disease or injury in any way related to occupation of deceased?	0
19. UNDERTAK (Addres			are min	If so, specify	
	32.60	TI	CTTO	(Signed) M. C. nearow	10.5
20. FILED.	00, 4, 1933	keannell	Registrar.	(Address) Thieredsville	mod M. D.
	$V_{If}$	more blanks are needed	address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		8500 A 3740	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(101)
County Largett	Registration Dist. No. 168
Village or City Johnsons P.7 D	No. St., Ward
<i></i>	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Man & Man A	P.
DI O	Q
(a) Residence: No. Of the Wave translet (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Jemale white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (brite the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced for marking	22. I HEREBY CERTIFY, That I attended deceased from
C DITT OF DIPT ( 1849	1 last saw h 2 afive on 2 2 193 3; death is sale
6. DATE OF BIRTH (month, day, and year)  7. AGE Yeags Months Days If LESS than	to have occurred on the date stated above, at 11.10 Pm.
84 3 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade profession or particular	Arterio Selectro Date of onset
9. Industry or business in which work was done as SILK MILL.	Chronis neplecto
SAW MILL, BANK, etc.  10. Oate deceased last worked at this exercise in the country in this exercise in the country in the cou	//
O this occupation (month and spant in this year)	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(State or country) Bugland  13. NAME Thomas Nandley	
14. BIRTHPLACE (city or town)	Name of operation
E 15. MAIOEN NAME Les h	What test confirmed diagnosis Was there an au'opsy Was there an au'opsy
T	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT Elizable French	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Trottony Oate Nov 28, 1933	Nature of injury
19. UNOERTAKER LANGUERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO NOVA. 227, 1927 Mr. Thomas J. Crown	(Signed) (Address) Esta House M. (
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1		Example II	7 3011
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU W. L.			
			1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE FOI	FURTHER	STATEMENTS	BY PHYSICIA	N
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V. S. No. 1

of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF PEATH	1136
County of assell	Registration Dist. No. 162
Village or City A grantsville	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
12 2 1/1 1	as. now long in 0.5.11 of foreign diffing
2. FULL NAME DESTAGE MARCH	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RAGE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If marriad, widowad, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended decaasad from
Mar 8 1922	I last saw hele aliva on 1000, 1932; death is sald
6. DATE OF BIRTH (month, day, and year) / 27 7. AGE Years Months Days If LESS that	to have occurred on the date stated above, at LiPA
1 day,trs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
8. Trade, profession, or particular	were as follows:  however, to late allegaring Date of enset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	The fire the second second
A Plade, profession, or particular,	
SAW MILL, BANK, etc	
D. Date deceased last worked at this occupation (month and year) year)	
yaar)	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
E	
[ 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsyl
II TO TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TO	23. If daath was due to axternal causas (VIOLENCE) fill in also the following:  Accidant, suicide, or homicide?
O 16. BIRTHPLACE (city or town)	Whare did injury occur?
Harrand D. MI. It	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT ACCOUNTS OF THE CAMERA	The state of the s
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place New Tomeway Date Nov-10 1933	Nature of injury
19. UNDERTAKER William, Wonders burg	24. Was disease or Injury in any way related to occupation of decaased?
(Address) Grantoville	If so, spacify
20. FILED NOT 9 19.33 674 Vice	(Signad) M. D. A. J. av. M. D.
Registrar.	(Address) A Manual Mille

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

of OCCUPA-

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95-2
County Lassett	Registration Dist. No. 66
Village or City Clarkland Uld	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. II of foreign birth?yrsmosds.
2. FULL NAME FILED O. Mills	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX / 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH //
hemale while Matried "Married"	Mov, 17, 193 3 (Month) (Dey) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of JOTYWIFE OF THE O	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) 1000, 19 1868 7. AGE Yeers Months Deys If LESS than	I lest saw h alive on, 19, 19, 19, deeth is said to have occurred on the dete stated above, atm.
8 Trede profession or perticular	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:    Date of onset   Date of onse
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Dete deceesed last worked at this occupation (month end) yeer occupation.	presumably a heart attack.
12. BIRTHPLACE (city or town) Lest, You (Stete or country)	Other Contributory Causes of Importence:
13. NAME Pharley Mills	
13. NAME Place (city or town) (State or country)	Name of operation Date of What test confirmed diegnosis? Wes there en autopsy?
15. MAIDEN NAME Bottley Tackbe	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)	Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT Alus, Fred Mills (Address) Calland Uld	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Land Hat Dete M. 1. 19., 1933	Menner of injury
19. UNDERTAKER CADDE CONTROL C	24. Was disease or injury in any way related to occupetion of deceased?  If so, specify
20. FILED 10. 1922 Mily Covan Registrar.	(Signed) Tolland M.D.  (Address) Calland Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

SIAIE	F MAR	YLAND-	CERTIFICATE OF DEATH	1139
1. PLACE OF DEATH		<b>Y</b>	107-aY	
County Lower	UGC.	01	Registration Dist. No. 16	/
Village or City new V	lelbyo	ont	NoSt	Ward
	. /		f death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in city or town where d	eath occurred	yrsmos	s. A How long in U.S. if of foreign birth? yrs, m	osds.
2. FULL NAME VIGLE	e 121	an	fleley	
(a) Residence: No.	(Usua) place o	of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
Mule While		(write the word)	21. DATE OF DEATH PLOY. 10 (Month) (Oay)	, 193 <b>3</b>
5a. If married, widowed, or divorced HUSBANO of				
(or) WIFE of			22. 1 HEREBY CERTIFY, That I attended	
Sept 22 1633		**	The state of the s	, 1933
6. DATE OF BIRTH (month, day, and fear) 7. AGE Years Months	1 Oays	If LESS than	liast saw nilliast	; death is said
7. AGE Tears Months	18	1 day,hrs.	to have occurred on the date stated above, at	
8. Trada, profession, or particular	10	ormin.	wera as follows:	Oate of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.			Mahmitition	10/20/22
4 9 Industry or business in which				194/38
work was done, as SILK MILL, SAW MILL, BANK, etc.				
		t in this		
year) S DJ	l occu	pation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)	dung		f A f	
(State or country)	2 10.	. / .	I humas proude previous	11/4/23
13. NAME OCCORD FOR	2/10	ly	100	
14. BIRTHPLACE (city or town)	d		Name of operation Date of	
(State of Country)	1 1/	1	What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)	a Hu	me tom	-23-If death was due to external causes (VIOLENCE) fill in also the following	:
O 16. BIRTHPLACE (city or town)  (Stata or country)	recl	· <i>y</i> ······	Accident, suicide, or homicide? Date of injury	, 19
(State of country)	057	1	Where did injury occur? (Specify city or town, county and Stat	e)
17. INFORMANT CLESTER (Address)	Def ti	Perf C	Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	7	- View	Mannar of injury	
Place Home Jany	Oate Mer	/ // ,1933	Nature of Injury	
19. UNOERTAKER IT ALL (Address)	was a	md_	24. Was disease or injury in any way related to occupation of decaased?	no
20. FILEO 2001, 10, 1933 Jeur	nnette	Staller Registrar	(Signed) Jos a. Band (Address) Somerfield Pa	M. D.
If more l	blanks are needed, as		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-TARGIN RESERVED FOR BINDING V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
County Yames	Registration Dist. No.
Village or City On land med PN	No. St., War  If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,m	osds. How long In U.S. if of foreign birth?yrsmosd
2. FULL NAME Joseph acen 11	omes burg
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH 7 24
male when Ruyee	(Month) (Day) (Year)
5a. If married, widowald, or divosped HUSBAND of Control of Contro	22. I HEREBY CERTIFY, That I attended deceased fro
on flagh lomesting	, 19, to
6. DATE OF BIRTH (month, day, and year) mach 23 1933	I last saw h alive on, 19; death is sa
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at /1: +512m.
O 8 1 1 day,hrs	mara se follows.
8 Trade profession or particular	Oate of ons
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Juli /phailes
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MtLL, SAW MILL, BANK, etc  10. Date deceased last worked at this occuration (month and	
SAW MILL, BANK, etc	
D Date deceased last worked at this occupation (month and year)	
O. O. O RA	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)  (State or country)	
1 50	
7	
( 14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of
	What test confirmed diagnosis? Was there an autopsy?
0.0.0.0	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(Real of R	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Oar of many may RN	Specify whether injury occurred in INDÚSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place they are a Date no 25, 193	Nature of injury
Balden lander C.	24. Was disease or injury in any way related to occupation of deceased?
19. UNOERTAKER (Address)	If so, specify
(10) 25 33 10: Konon	(Signed) . A. A valuato M.
20. FILED Registrar.	(Address) Daneauf md
	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		A STANSON OF THE PARTY OF THE P	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(23)
County Carrels	Registration Dist. No. 17
Village or City Celymille	
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME David Swan Sha	plers
(a) Residence: No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH NOV. 26 ,193 3 (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Magnet C. Shanbleso	22. / HEREBY CERTIFY, That I attanded dacased from
mary a. prayrect	173 19 to MT. 26 19 33
7. AGE Yaars Months Days If LESS than	I last saw have alive on 70, 1933; death is said to have occurred on the data stated above, at 10 P. m.
57 3 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	ware as follows:
kind of work done, as SPINNER, Blacksmith	Vulmonory Internations 1929
9. Industry or business In which work was dona, as SILK MILL,	D 41
kind of work done, as SPINNER, Blacksmith SAWYER, BOOKKEEPER, etc.  9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date decaased last workad at this occupation (month and	Julium Hemontoger Oct 193.
10. Date decaased last worked at this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) Swanton	Other Coutributory Causes of importance
(State or country) /3 arrett	Spore Africal At.
13. NAME John L. Sharples	
13. NAME John L. Sharfiles  14. BIRTHPLACE (city or town).	Nama of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
E d	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accidant, suicida, or homicide?
17. INFORMANT Leslie B. Shurflers	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place M. Zion Md Data Nov. 29, 1933	Nature of Injury
19 UNDERTAKER O. 7. Sharpless	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Blaine, W. Va	If so, spacify
20. FILED/1/27 1933 (18 Banich	(Signed) a. K. Figler M. D.
Registrar.	(Addrass) Sesure / V.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
		and a second	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

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1	2	U	2

1. PLACE OF DEATH			
County Garrett			Registration Dist. No. 166
Village or City Crellin,		(If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Darl Cl	ifford	Wilson	
(a) Residence: No.	(Usual place	of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White		RIED, WIOOWED, D (write the word)	21. DATE OF DEATH November, 23, 1933 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Sonor of E Samuel Wilson			22. I HEREBY CERTIFY, That I attended decessed from
6. OATE OF BIRTH (month, day, and year) AU 7. AGE Yaars Months	ngust, 1	2, 1933  If LESS than I day,hrs.	I last saw h aliva on 19 ; daath is sai to heve occurred on the dete stated abova, at 5 A m.  The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decaasad last worked et this occupation (month and yaar)	nfant.	ima (yaars) tina in this upation	Agree as follows:  Date of onsel  Thorn History un nounced  Mother not after to carred  diet
12. BIRTHPLACE (city or town) Crelli (State or country)	n, Mary	land	Other Contributory Causes of importanca:
13. NAME Samuel Wilson	1		
13. NAME Samuel Wilson  14. BIRTHPLACE (city or town) Oakland, Maryland (State or country) Garrett County			Nama of operation Date of Was thera an autopsy?
15. MAIDEN NAMELULU Alice Bowser  16. BIRTHPLACE (city or town) Swallow alls (State or country) Garrett County, Md.			23. If daath was dua to axternal causas (VIOL ENCE) fill in also the following:  Accidant, suicide, or homicide?
17. INFORMANT Samuel Wilson (Addrass) Crellin, Maryland.			(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Cemetery Plece Marshal Friends Dete Nov, 24, 1933.			Manner of injury
	ryland	0.41 -	24. Was disease or injury in any way releted to occupation of deceased?  If so, specify
20. FILEO NOV, 23, 19 33	Loca	Registrar.	(Signed) (Addrass) Oakland, Maryland (Addrass) Oakland, Maryland (Addrass) Oakland, Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		* Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	4		

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforupblied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED mation should be carefully supplied. AGE should be -WRITE PLAINLY, WITH

1. PLACE OF DEATH	92-20
County James	Registration Dist. No.
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Sarah & your	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Flench  4. COLOR OR RACE OR DIVORCED (write the word)  Record OR DIVORCED (write the word)	21. DATE OF DEATH 7 2/ 193 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Denjamin Hoder	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end veer) Rend. 27/-1868	I last saw h alive on n 20 , 1933; death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 3 200 m.
65 2 24 1 dey,hrs	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc	64
9 Industry or business in which	Chima Endo T my contile
work was done, as SILK MILL, SAW MILL, BANK, etc	P
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year) year)  11. Total time (years) spant in this occupation.	Courte prouse they selled
we co +	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
W 13. NAME Share time Sable by al	
14. BIRTHPLACE (city or town). In the state of the state	
4 14. BIRTHPLACE (city or town)	Name of operation Dete of
15. MAIDEN NAME Miss Bosteller	What test confirmed diegnosis? Was there en autopsy? Was there en autopsy?
15. MAIDEN NAME Wise Sosteller  16. BIRTHPLACE (city or town) Myersdale	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
State or country)	Where did Injury occur?
17. INFORMANT Nock B. Yoder (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place the back Grangate Nov 23, 19 33	Nature of injury
19. UNDERTAKER T. M. Samuel	24. Was disease or injury in any way related to occupetion of deceased?
(Address) Egglov, Willis,	If so, specify
20. FILED 60. 21: 1933 alia Nowan	(Signed) M. D.
A Registrat.	(1001003)

STATE OF MARYI AND-CERTIFICATE OF DEATH

UIf more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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